

RECEIVED

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

DEC 23 '05

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

S.D. SEC. of STATE

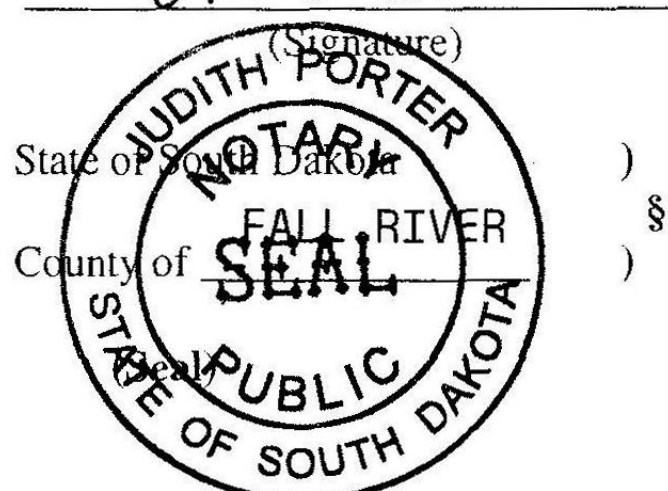
1. TITLE OF NEWSPAPER <u>Edgemont Herald Tribune</u>		2. DATE <u>9-22-05</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE <u>\$27.00/\$35.00</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>P O Box 660 Edgemont, SD 57735-0660</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>P O Box 660 Edgemont, SD 57735-0660</u>		
6. FULL NAME OF PUBLISHER: <u>Anne I. Cassens</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">FULL NAME <u>Cassens Companies Inc.</u></div> <div style="width: 45%;">COMPLETE MAILING ADDRESS <u>P O Box 660 Edgemont, SD 57735-0660</u></div> </div>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <u>NONE</u>		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	850	850
B. PAID AND/OR REQUESTED CIRCULATION	230	230
1. Sales through dealers and carriers, street vendors and counter sales.		
2. Mail Subscription (Paid and or requested)	395	417
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	625	647
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	-0-	-0-
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	20	20
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	645	667
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	135	96
2. Return from News Agents	70	87
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	850	850

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
 I swear that the statements made by me are true, correct, and complete:

Anne Cassens

PUBLISHER

(Title)



Sworn to before me this 23 day of SEPT., 2005

Judith Porter
Notary Public

My commission expires: ~~11-18-2007~~ 07-12-07

#7STOCKHOLDERS:

Anne Cassens 500 E Street, Edgemont, SD 57735

Sheena Douglas 425 Fairlane Dr. Apt. 24 A Rapid City, SD 57701